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**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J43692 (9)
1. Corporation Name
UNIGLOBE SPACE COAST TRAVEL, INC.

Principal Place of Business Mailing Address
**1653 W. NEW HAVEN AVE.
W. MELBOURNE FL 32904** **1653 W. NEW HAVEN AVE.
W. MELBOURNE FL 32904**

DO NOT WRITE IN THIS SPACE.

| | | | |
|--|--|--|--|
| 3. Date Incorporated or Qualified 11/17/1986 | | 3a. Date of Last Report 01/31/1994 | |
| 4. FBI Number 59-2741962 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fees Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|---------------------|---------|----|---|--|-----------|-------------|
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | |
| 21 | Suits, Apt. #, etc. | | | 26 | Suits, Apt. #, etc. | | |
| 22 | City & State | | | 27 | City & State | | |
| 23 | Zip | Country | | 28 | Zip | Country | |
| 24 | 25 | 29 | 30 | 9. Name and Address of Current Registered Agent | | | |
| | | | | 10. Name and Address of New Registered Agent | | | |
| DALY, JOSEPH P. 1653 W. NEW HAVEN AVE. W. MELBOURNE FL 32904 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 Zip Code |

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALY, JOSEPH P. | 1.2 NAME | |
| STREET ADDRESS | 1653 W. NEW HAVEN AVENUE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | W. MELBOURNE FL | 1.4 CITY - ST - ZIP | |
| TITLE | VP | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DALY, JOSEPH P. | 2.2 NAME | |
| STREET ADDRESS | 1653 W. NEW HAVEN AVE. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | W. MELBOURNE FL | 2.4 CITY - ST - ZIP | |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 3.4 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joseph P. Daly 4/8/95 (407) 984-8444
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Telephone Number